

WARSAW VOLUNTEER FIREFIGHTER APPLICATION

The City of Warsaw, Warsaw Volunteer Fire Department, Indiana is an equal opportunity employer. Volunteer applicants are considered for volunteer status without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. The Warsaw Volunteer Fire Department will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities and for religious beliefs.

Please type or print in legible handwriting responses to ALL questions on the application. Volunteer applications not completed, including phone numbers and complete addresses where required, may not be considered for Volunteer opportunities. Resume' can be attached, but this application will need to be completed in it's entirety.

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone (_____) _____ (_____) _____

If you have resided at your present address less than three years, list your prior address:

Address: _____
Number Street City State Zip Code

On what date would you be available for Volunteer status with the Warsaw Volunteer Fire Department? _____

How did you learn of us?(circle) Friend Relative Job Posting Website Other _____

Have you ever been a member of Warsaw Volunteer Fire Department before? ____Yes____ No If yes, give dates: _____

Have you ever been employed here before? ____Yes ____No If yes, when and what department _____

Do you have any relatives or friends that are employed here? ____Yes ____No If yes, please list by name and relationship.

Do you have any relatives or friends that volunteer here? ____Yes ____No If yes, please list by name and relationship.

Are you eighteen years or older? ____Yes ____No

For purposes of verifying past employment and schools attended, please list any other names you have used: _____

AVAILABILITY:

What hours are you available to respond to emergency calls? _____

Approximate minutes from home to Fire Station #2 (2204 E. Center St) _____

Approximate minutes from work to Fire Station #2 (2204 E. Center St) _____

Are you available for the following Volunteer Fire Department meetings and training sessions?

First Thursday of every month between 7:00 p.m. – 8:00 p.m.? _____

Second and Fourth Thursday of every month between 6:00p.m. and 9:00 p.m. ? _____

EDUCATION

Type of School	Name of School	City and State	Number of Yrs Completed	Graduate?		Course Pursued / Degrees Granted
				Yes	No	
High School						
College or University						
Business, Trade, Technical, or Correspondence School or College						
Firefighter I or Equivalent		License No:				
Firefighter II or Equivalent		License No:				
First Responder or Equivalent		License No:				

List specific fire related skills or qualifications acquired from education, employment, volunteer work or military service (technology, communications, customer service, machines, tools, machinery or other equipment) that will be helpful in performing responsibilities of the position of volunteer firefighter _____

PERSONAL REFERENCES

List the name, address and telephone number of two references that are NOT related to you and are NOT previous employers.

1. _____ ()		
Name	Telephone No.	How Do You Know This Person
House Number, Street/Road, City, State and Zip		

2. _____ () _____

Name Telephone No. How Do You Know This Person

House Number, Street/Road, City, State and Zip

CURRENT EMPLOYMENT RECORD

Current Employer	Employment Dates	Kind of Work Performed
Complete Address City/State/Zip	From To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
		Reason for Leaving: ____ Discharge ____ Voluntary Resignation ____ Involuntary Resignation
Past Employer	Employment Dates	Kind of Work Performed
Complete Address City/State/Zip	From To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
		Reason for Leaving: ____ Discharge ____ Voluntary Resignation ____ Involuntary Resignation

Have you ever been permitted to resign rather than be discharged or asked to resign from any position? _____ Yes _____ No
 If yes, please state the employer, and the reason for the discharge or resignation. _____

VOLUNTEER APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph by placing your initials beside each paragraph)

Initials

	I completed this application and confirm all information in it is TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my Volunteer Fire application, the revocation of an offer of volunteer opportunity or discharge.
	I authorize investigation of all statements contained in this application as may be necessary in arriving at a VOLUNTEER opportunity decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal check and/or driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statement of references, former employers or others that are given in response to the inquiry. If the City of Warsaw, Warsaw Volunteer Fire Department decides to obtain a consumer credit report, I understand that they will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.
	I hereby release all parties, including but not limited to the City of Warsaw, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Warsaw takes on the basis of such information.
	I understand that, if I am offered a job, as a condition, I may be required to undergo a physical examination and will be required to undergo a drug screen. I hereby authorize a doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I recognize that my future status with Warsaw Volunteer Fire Department will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse, as the City is a drug and alcohol free employer.
	I understand that, according to federal law, all individuals who are placed as volunteer must, as a condition, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer is contingent upon my ability to produce the required documentation within legal time period.
	I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the City of Warsaw. I further understand that statements which may be contained in policies, practices, handbooks or any other material do not create any guarantee of employment and that the City of Warsaw has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Warsaw, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
	I understand that, upon offer, I will sign an agreement relating to confidential information, if required.
	I understand that this application does not guarantee a full time position with the City of Warsaw Fire Department if such position becomes available and that this is for VOLUNTEER STATUS only.
	I understand that "On Duty Uniforms" / dress code is required for this VOLUNTEER STATUS.

 Signature of Applicant

 Date

NOTE: Submission of this application to the City of Warsaw Volunteer Fire Department does not guarantee a position or interview. Applications not completed including phone numbers and complete addresses where required may not be considered. Resume' can be attached, but this application needs to be completed in its entirety. Thank-you for applying! This Volunteer Application Will Not Be Considered Active After 6 Months.

WARSAW VOLUNTEER FIRE DEPARTMENT

Employment Reference Request Current/Former Employer

We Are An Equal Opportunity Employer

I authorize the City of Warsaw, Warsaw Volunteer Fire Department to check my employment and personal references, and to seek the release of investigatory information possessed by any private or public employer, and local, state, or federal agencies to provide any information they may release concerning the matters described below, and I will cooperate so that the information is released in a timely manner.

I understand that this information will be obtained by personal interview, contacting former or current employers, reference forms with third parties, law enforcement agencies, co-workers and others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits and mode of living, which may be applicable.

I hereby release from liability, the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In addition, I waive in connection with any request for, or provisions of such information, and claims or cause of actions, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Warsaw, its officials, employees, elected officials, or against any provider of information related to this application or the application process.

 Signature of Applicant

Social Security Number: XXX-XX-

 Today's Date

Date of Birth: _____

VOLUNTEER EMPLOYMENT APPLICATION

CRIMINAL HISTORY ADDENDUM

A conviction, plea, or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea, or pending charges will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to disclose a conviction, plea, or pending charge (except convictions, pleas, or pending charges protected from disclosure by state or local law) will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.

I. Do you have any pending charges for a felony or misdemeanor? ☐ Yes ☐ No

a. If yes, state the nature of the pending charges, the date, the court and jurisdiction in which they are pending, and the cause (or other identifying) number, and fully explain: _____

II. Have you been convicted of or pled guilty or no contest to a felony or misdemeanor other than a minor traffic- related infraction? **Do not answer "yes" if your conviction record has been annulled, expunged, sealed, pardoned, erased, restricted, eradicated, or impounded or is otherwise protected from disclosure by law.** ☐ Yes ☐ No

a. If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction, the cause (or other identifying) number, and fully explain: _____

Release To Order Motor Vehicle Report

I have read the responsibilities and tasks required for this volunteer opportunity and it states that having a valid/current driver's license with the ability to be insurable at a reasonable cost may be required to fulfill the position requirements.

By my signature, I acknowledge the City of Warsaw, Warsaw Volunteer Fire Department may obtain a report of my driving record from a Bureau of Motor Vehicles, and the information contained therein may be used to determine my eligibility for employment.

Signature: _____ Name Printed: _____

Driver's License Number: _____ Date of Birth: _____

State of Issue: _____ Type of License: _____